

(GW/UST-2)

## Site Investigation Report For Permanent Closure or Change-in-Service of U.S.T.

FOR  
TANKS  
IN  
NC

## Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location.  
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL  
OFFICE ADDRESS].

State Use Only

I.D. Number

Date Received

## INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

## I. Ownership of Tank(s)

MONTICELLO OIL CO.  
Owner Name (Corporation, Individual, Public Agency, or Other Entity)  
8007 BENAJA RD.  
Street Address  
GUILFORD  
County  
BROWN SUMMIT, N.C. 27214  
City State Zip Code  
910-656-3652  
Area Code Telephone Number

## II. Location of Tank(s)

NORTHEAST FIRE STA. #32  
Facility Name or Company  
NONE  
Facility ID # (if available)  
JACKSON SCHOOL RD.  
Street Address or State Road  
GUILFORD BROWN SUMMIT N.C. 2  
County City Zip Code  
910-656-3652  
Area Code Telephone Number

## III. Contact Person

TOM ANDREWS MANAGER 910-656-3652  
Name Job Title Telephone No. (Area Code)  
Closure Contractor NIEMCZURA & CO. 163 MANLEY FARM RD. REIDSVILLE, N.C. 919-349-4874  
(Name) (Address) Telephone No. (Area Code)  
Lab W.T.C. & CONTROLS REIDSVILLE, N.C. 910-342-4748  
(Name) (Address) Telephone No. (Area Code)

## IV. U.S.T. Information

## V. Excavation Condition

## VI. Additional Information Required

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water In Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	1,000	4'x10'6"	gas		x		x		x
2	550	46"x8'	diesel		x		x		x

See reverse side of pink copy  
(owner's copy) for additional  
information required by  
N.C. - DEM in the  
written report and sketch.

## VII. Check List

Check the activities completed.

- ☒ Contact local fire marshal  
☐ Notify DEM Regional Office before abandonment.  
☒ Drain & flush piping into tank.  
☒ Remove all product and residuals from tank  
☒ Excavate down to tank.  
☒ Clean and inspect tank.  
☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.  
☒ Cap or plug all lines except the vent and fill lines.  
☒ Purge tank of all product & flammable vapors.  
☒ Cut one or more large holes in the tanks.  
☒ Backfill the area.

Date Tank(s) Permanently closed: 8-24-93  
 Date of Change-in-Service: \_\_\_\_\_

- ABANDONMENT IN PLACE**  
☐ Fill tank until material overflows tank opening;  
☐ Plug or cap all openings;  
☐ Disconnect and cap or remove vent line  
☐ Solid inert material used - specify: \_\_\_\_\_

- REMOVAL**  
☐ Create vent hole  
☐ Label tank  
☐ Dispose of tank in approved manner  
 Final tank destination: Jack Brown

## VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

JOE NIEMCZURA

Signature

Date Signed

GW/UST-2 Rev.7/29/91

White Copy - Regional Office

Yellow Copy - Central Office

Pink Copy - Owner